

Billing and Policy

Expanded Access to Primary Care Bulletin 349

November 2003

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Lamotrigine
Amitriptyline HCl	Lithium Carbonate
Aripiprazole	Lithium Citrate
Benztrapine Mesylate	Loxapine Succinate
Biperiden HCl	Mesoridazine Besylate
Bupropion HCl	Mirtazapine
Buspirone HCl	Molindone HCl
Carbamazepine	Nefazodone HCl
Chlorpromazine HCl	Olanzapine
Citalopram Hydrobromide	Oxcarbazepine
Clomipramine HCl	Paroxetine HCl
Clonidine HCl	Perphenazine
Clozapine	Phenelzine
Desipramine HCl	Pimozide
Diphenhydramine HCl	Quetiapine Fumarate
Divalproex Sodium	Risperidone
Donepezil HCl	Rivastigmine Tartrate
Doxepin HCl	Sertraline HCl
Escitalopram Oxalate	Thioridazine HCl
Fluoxetine HCl	Thiothixene
Fluphenazine Decanoate	Topiramate
Fluphenazine HCl	Tranlycypromine
Fluvoxamine Maleate	Trazodone HCl
Gabapentin	Trifluoperazine HCl
Haloperidol	Trihexyphenidyl HCl
Haloperidol Decanoate	Valproate Sodium
Haloperidol Lactate	Valproic Acid
Hydroxyzine HCl	Venlafaxine HCl
Imipramine HCl	Ziprasidone HCl
Isocarboxazid	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

Please see BIC, page 2

BIC (*continued*)

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, “For claims payment, current BIC ID number and date of issue required.” Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, “Current BIC ID number and issue date required for payment,” the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient’s Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number must be placed on all claims.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, www.medi-cal.ca.gov, call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

**CHDP Gateway: Pre-Enrollment Reminder**

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site (www.medi-cal.ca.gov) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

During a child’s CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child’s eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

Any Medi-Cal provider can provide service to children presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.

Please see CHDP, page 3

CHDP (continued)

CHDP Gateway Pre-enrollment Application Response

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Provider Number : zzzzzzzzzz Application Date/Time: 12/19/2002 9:26:50 AM

Patient's Name: Joss Andrew Mike

Date of Birth: 01/01/1988

Gender: Male

BIC ID#: 99301490P0

BIC Issue Date: 12/19/2002

Good Thru Date: 01/31/2003

You are temporarily eligible for Medi-Cal through 01/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed joint Healthy Families/Medi-Cal application before 01/31/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

Client Signature: _____

Sample. Immediate Need Eligibility Document via Medi-Cal Web site.

<Header Line #1>
CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
MEDI-CAL POS NETWORK
<Header Line #6>

07/01/2003 12:04:22

TERMINAL : V123456789
SOFTWARE : ZZACH01

PROVIDER NUMBER: CHA123456

**CHDP GATEWAY
PRE-ENROLLMENT
RESPONSE**

PATIENT NAME:
PUBLIC JOHN Q

DATE OF BIRTH:
1988-01-01

GENDER:
M

BIC ID#:
1234567890

ISSUE DATE:
2003-07-01

GOOD THRU DATE:
2003-08-31

YOU ARE TEMPORARILY ELIGIBLE FOR FULL SCOPE MEDI-CAL THROUGH 08/31/2003. USE THIS DOCUMENT TO ACCESS MEDI-CAL SERVICES UNTIL YOUR BIC ARRIVES. TO CONTINUE YOUR COVERAGE YOU MUST RETURN A COMPLETED JOINT HEALTHY FAMILIES/MEDI-CAL APPLICATION BEFORE 08/31/2003. IF YOU DO NOT RECEIVE THE APPLICATION WITHIN 10 DAYS, CALL 1-800-880-5305.

X _____
CLIENT SIGNATURE

<<SYSTEM MESSAGE(S) FROM >>
<< PROVIDER MAIL >>

THANK YOU!
<Footer 4>

Sample. Immediate Need Eligibility Document via POS device.

Provider Assistance

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site (www.medi-cal.ca.gov) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit www.dhs.ca.gov/chdp for a list of local CHDP programs.

Instructions for Manual Replacement Pages

Expanded Access to Primary Care (EAP) Bulletin 349

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Part 2

Remove and replace: ub comp op 1/2 *
 ub spec op 3/4 *
 ub tips op 1/2 *

* Pages updated/corrected due to ongoing provider manual revisions.